

Approved For Release 2009/04/02 : CIA-RDP89-00244R000500920011-9

Security Non-Office Requirements

Approved For Release 2009/04/02 : CIA-RDP89-00244R000500920011-9

TSD

Complete one form for each separate equipment item.

Complete this form only for the equipment rated greater than 120V., 20A or requiring special electrical/mechanical connections

Existing Room No. _____
Organizational Component
(Office/Division/Branch) OS/TSD
Equipment Description _____

Manufacturer _____ Quantity _____
Model No. _____

Special Dimensions Required _____

Length _____
Width _____
Height _____
Weight _____

See attached description of requirements.

Mounting

☐ Ceiling Mounted _____
☐ Bolted to Floor _____
☐ Wall Mounted _____
☐ Vibration Pads _____
☐ _____

Mechanical HVAC

☐ Integral Fan
(See rating on name plate) _____ CFM
☐ Exhaust Connection _____ CFM
☐ Heat Ejection _____ BTU/Hr.

Special Venting Conditions

☒ Canopy Hood Paint Booth Type
☐ Dust _____
☐ Noxious Fumes _____
☐ Corrosive Fumes _____

Electrical

All electrical equipment will have an identifying nameplate. Copy complete data

Volts 380 Phase 3 ϕ
Amps 50 Watts _____
Horsepower 10 KVA _____

Power Factor

☐ Emergency Power ☒ Critical Power (UPS)
☐ Voltage Regulation _____
☐ or ON/OFF Switch _____
☐ Plug Connection _____
☐ Conduit Connection _____
☐ Communication Connection _____

Special Air Requirements

☒ Filtered Air _____
☒ Temperature 68 %F
☒ Relative Humidity 50 %
☐ _____

Usage

Describe the user patterns. (How often and how long?)

☐ Continuous Use _____ Hrs.
☐ Long Duration Use _____ Hrs.
☐ Short Duration Use _____ Min.
☐ Cyclical Operation _____ Duration of Cycle
_____ Cycles/Hr.

Mechanical Plumbing

☐ Hot Water _____ GPM Temp. _____
☐ Cold Water _____ GPM Temp. _____
☐ Distilled Water _____ GPM Temp. _____
☐ Chilled Water _____ GPM Temp. _____
☐ Natural Gas _____ CFM PSI
☐ Compressed Air _____ CFM PSI
☐ Vacuum _____
☐ Drain _____

Note:

Info provided Date 4 Mar 83

Attach any additional technical data obtained from manufacturer's catalog and user manuals.

Page Denied

Next 4 Page(s) In Document Denied

This survey is to facilitate the design of optimum lighting systems. It is to be completed by one representative employee of each general type of space.

Branch Designation

OS/TSD

Space Description

1. Estimate the hours that you spend on the following tasks during a typical eight hour day.

a. reading/writing	<u>3</u>
b. drafting	<u>1</u>
c. typing	<u>2</u>
d. light table viewing	<u> </u>
e. CRT screen viewing	<u>2</u>
f. microfilm reader viewing	<u> </u>
g. other	<u> </u>
	<u> </u>
	<u> </u>

b. How important is it to perform the the above tasks rapidly?

1 (not critical) 10 (critical)

c. How important is it to perform the the above tasks accurately?

1 (not critical) 10 (critical)

2. Estimate the percentage (10% increments) of your reading/writing time that you spend on the following types of materials. Also note the color of paper used.

Material	%of Time	Color
a. pencil/lead	<u>25</u>	<u>yellow</u>
b. pen/ink	<u>20</u>	<u>yellow</u>
c. typed or printed material	<u>25</u>	<u>white</u>
d. xerox copies	<u>25</u>	<u>white</u>
e. photographs	<u> </u>	<u> </u>
f. maps	<u> </u>	<u> </u>
g. magazines/journals	<u>5</u>	<u>white</u>
h. other	<u> </u>	<u> </u>
	<u> </u>	<u> </u>
	<u> </u>	<u> </u>

4. Check the special lighting criteria that would apply to this space.

a. dimming of lights	<u>X</u>
b. RF shielded light fixture	<u>X</u>
c. special color rendering characteristics	<u> </u>
d. special filters for photographic processing	<u> </u>
e. other	<u> </u>
	<u> </u>

5. Indicate any other pertinent information for this space that may impact the lighting design.

3. Check the appropriate answer.

a. A majority of the occupants are between the ages of:

15 - 39 yrs. old	<u>X</u>
40 - 54 yrs. old	<u> </u>
55 - 75 yrs. old	<u> </u>

This survey is to facilitate the design of optimum lighting systems. It is to be completed by one representative employee of each general type of space.

Branch Designation

OS/PSD

Space Description

SECURITY CONTROL CENTER
24 hr operation

1. Estimate the hours that you spend on the following tasks during a typical ~~eight~~ hour day.

24

a. reading/writing	<u>50%</u>
b. drafting	_____
c. typing	_____
d. light table viewing	_____
e. CRT screen viewing	<u>50%</u>
f. microfilm reader viewing	_____
g. other	_____
_____	_____
_____	_____

2. Estimate the percentage (10% increments) of your reading/writing time that you spend on the following types of materials. Also note the color of paper used.

Material	%of Time	Color
a. pencil/lead	<u>10</u>	<u>Yellow/White</u>
b. pen/ink	<u>15</u>	<u>Yellow/White</u>
c. typed or printed material	<u>50</u>	<u>White</u>
d. xerox copies	<u>25</u>	<u>White</u>
e. photographs	_____	_____
f. maps	_____	_____
g. magazines/journals	_____	_____
h. other	_____	_____
_____	_____	_____
_____	_____	_____

3. Check the appropriate answer.

- a. A majority of the occupants are between the ages of:

15 - 39 yrs. old

X

40 - 54 yrs. old

55 - 75 yrs. old

- b. How important is it to perform the the above tasks rapidly?

1 (not critical)

10 (critical)

- c. How important is it to perform the the above tasks accurately?

1 (not critical)

10 (critical)

4. Check the special lighting criteria that would apply to this space.

a. dimming of lights	<u>X</u>
b. RF shielded light fixture	<u>X</u>
c. special color rendering characteristics	<u>X</u>
d. special filters for photographic processing	_____
e. other	_____
_____	_____

5. Indicate any other pertinent information for this space that may impact the lighting design.

Existing Room No. SECURITY CONTROL CENTER
Organizational Component OS/PSD
Equipment Description _____
Manufacturer _____ Quantity _____
Model No. _____
Special Dimensions Required _____

Length _____
Width _____
Height _____
Weight _____

Mounting

☐ Ceiling Mounted _____
☒ Bolted to Floor _____
☐ Wall Mounted _____
☐ Vibration Pads _____
☐ _____

Mechanical HVAC

☐ Integral Fan (See rating on name plate) _____ CFM
☒ Exhaust Connection _____ CFM
☐ Heat Ejection _____ BTU/Hr.

Special Venting Conditions

☐ Canopy Hood _____
☐ Dust _____
☐ Noxious Fumes _____
☐ Corrosive Fumes _____

Electrical

All electrical equipment will have an identifying nameplate. Copy complete data

Volts 120 Phase 1
Amps 200 Watts _____
Horsepower _____ KVA _____
Power Factor _____

☒ Emergency Power ☐ Critical Power (UPS)
☐ Voltage Regulation _____
☐ or ON/OFF Switch _____
☐ Plug Connection _____
☐ Conduit Connection _____
☐ Communication Connection _____

Usage Describe the user patterns. (How often and how long?)

☒ Continuous Use 24 Hrs.
☐ Long Duration Use _____ Hrs.
☐ Short Duration Use _____ Min.
☐ Cyclical Operation _____ Duration of Cycle
_____ Cycles/Hr.

Special Air Requirements

☐ Filtered Air _____
☒ Temperature 68 %F
☒ Relative Humidity 50 %
☐ _____

Mechanical Plumbing

☐ Hot Water _____ GPM Temp. _____
☐ Cold Water _____ GPM Temp. _____
☐ Distilled Water _____ GPM Temp. _____
☐ Chilled Water _____ GPM Temp. _____
☐ Natural Gas _____ CFM PSI
☐ Compressed Air _____ CFM PSI
☐ Vacuum _____
☐ Drain _____

Attach any additional technical data obtained from manufacturer's catalog and user manuals.

Page Denied